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1. **The Injured Head.** What do its symptoms indicate after the first month?

Headache, vertigo, insomnia, irritability, memory defects, asthenia and other symptoms may characterize the case of head injury after the immediate symptoms have cleared away. The same symptoms may be present with definite brain lesions which are demonstrable by present clinical methods; with non-demonstrable organic lesions; or with functional brain derangement variously called traumatic, post-traumatic, or traumatized neroses. Discussion of methods of attack in determining the basis of the symptoms in a given case; present diagnostic limitations; treatment.

2. **Disease and Disability.** Their dissection into the facts, the functional and the feigned.

Dealing with the methods of differentiation of organic, functional and malingered conditions. The importance of such differentiation for proper treatment for patient; for equitable decision as regards liability by courts and commissions; to prevent the doctor being a party to fraudulent claims.

3. **The Doctor Before the Bench.** Considering the conduct of a doctor both before courts and commissions, and in making examinations and reports which find their way to judicial tribunals.

Consideration of the attitude towards patients and their representatives in cases with liability features; the attitude towards representatives of the other side of the case; the attitude towards other doctors who have examined the case. The differences between everyday reports and those in liability cases. The attitude as a witness, including examinations, reports and testimony in industrial accident cases.

4. **Psychoanalysis.** Considered as a "Fringe of Medicine."

Brief story of its development and history. Description of the psychoanalytic method. Its uses. Its abuses. Consideration of its exploitation by laymen, and the resultant danger to public morals, public health and public safety. Its place in medicine in the hands of the neuro-psychiatrist; in the hands of the general practitioner. Its place outside medicine as a sister-cult with Eddyism, adjustmentism, pressurism and the rest. Consideration of the attitude of neglect of use of well-founded scientific mental therapeutic methods, by the medical profession. How the latter leads to the development by and for the members of what Munsterberg has aptly termed "The Intellectual Underworld"—of unscientific practices aimed at the cure of disease, and in many instances more particularly at the accumulation of finance.

## Book Reviews

**"Modern Italian Surgery and Old Universities of Italy,"** by Dr. Paolo De Vecchi, 43 Fifth avenue, New York City, N. Y. Published by Paul B. Hoeber, New York.

The many friends of Dr. De Vecchi, formerly a prominent and much beloved physician of San Francisco, will read with pleasure the volume which he has recently published.

At the close of the war, Dr. De Vecchi spent more than a year in Italy for the purpose of collating the medical history of the Italian campaigns. The results of his inquiry he has recorded in the first hundred pages of this volume, thereby making a notable contribution to the literature of war surgery and sanitation. The last half of the work is devoted to a brief account of the educational institutions of Italy.

Dr. De Vecchi's long residence in Italy, his native country, and his deep interest in all that

pertains to the Italians, has given him peculiar facility for this undertaking. T. W. H.

**General Pathology.** By Horst Oertel. An Introduction to the Study of Medicine. New York: Paul B. Hoeber. 1921.

This treatise on General Pathology by the Strathcona Professor of Pathology of McGill University is interesting in many respects. The absence of all illustrations in a text on pathology is one striking feature. In this connection, Professor Oertel states that "the emphasis has been put on discussion of the nature and development of pathological processes, and it is assumed that laboratory experience will supplement the use of the book."

To the writer of this review it has always been questionable whether in a general pathology the profuse illustrations now so commonly introduced are really necessary or even desirable, because they distract the student's attention from the text and sometimes give rise to erroneous impressions. They certainly can replace in no way the actual handling of the material in the laboratory.

Book one on etiology consists very largely of a brief description of various pathogenic bacteria. This to my mind is the least satisfactory part of the book, because it contains too much bacteriological detail and too little that is of interest of the point of view of general pathology. The emphasis placed on matters historical is commendable and the parts dealing with this side of the subject might be amplified. If the portion dealing with bacteriology were reduced to proper proportions, space would be gained for a fuller presentation of the subjects dealt with in book two—on pathological anatomy, histology and pathogenesis—which in places is so brief as to be confusing, especially to beginners.

On the whole, the book is an interesting attempt to present an old subject in a new way. W. O.

**Edgar A. Poe—A Study.** By John W. Robertson, M. D. Printed in San Francisco, Cal., by Bruce Brough, 1921.

Of all the studies of the life of Edgar A. Poe, this which was undertaken by Dr. John W. Robertson is the most unique, because it is an analysis of the underlying psychopathic basis of Poe's dramatic life. Other men have compiled his writings and elaborated biographies. However, they are most unfortunately based upon a premise of error. In nearly every instance they take their fundamental misinformation from a biography by Griswold.

This man, immediately upon the death of Poe, through underhanded methods gained possession of all his writings and compiled a most scurrilous biography defaming the name of one of the greatest literary men of the age. Griswold had a deep-seated jealousy of Edgar A. Poe, and after the death of the poet he spent his venom upon the name. It is largely owing to the writings of this detractor that we consider Poe a drunkard and a degenerate. He was belied.

Poe was essentially a psycho-neurotic, a morbid genius, a hypersensitive soul, a man of fine dreams and most tender sentiments. He was loyal and loving to his wife and mother-in-law and to those who were fortunate enough to be his intimate friends. He was, however, cursed with periodic alcoholism. This study made by Dr. Robertson shows very clearly that the man was abnormally sensitive to alcohol and that a small amount brought on a pathological state which was often taken for gross intoxication.

It is clearly shown also that drugs in no way entered into the life of this great poet. He was not, as has been claimed, ever under the influence of opium and other hypnotics. His death, undoubtedly influenced to some extent by alcoholism, was clearly one resulting from pneumonia and terminal meningitis, and not the base, inglorious exit de-